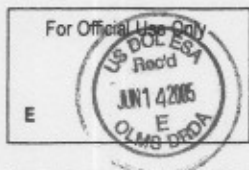


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>502-012</u> <u>2176</u>	2. Fiscal Year Covered From: <u>7/1/04</u> Through: <u>6/30/05</u>
3. Name and address of person filing. Name <u>James W. HOEBER</u> P.O. Box, Bldg., Room No., if any <u>18904</u> Street _____ City <u>CORPUS CHRISTI</u> State <u>TEXAS</u> ZIP Code + 4 <u>78480-8904</u>	4. Name, file number, and address of labor organization. Name <u>NATIONAL FEDERATION OF FED. EMP.</u> Labor Organization File Number <u>502-012</u> P.O. Box, Building and Room Number, if any <u>18904</u> Street _____ City <u>CORPUS CHRISTI</u> State <u>TEXAS</u> ZIP Code + 4 <u>78480-8904</u>
5. Position in labor organization. <u>CHIEF STEWARD</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>CORPUS CHRISTI ARMY DEPOT</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>308 CRECY ST</u> <u>NAS CORPUS CHRISTI</u> City <u>CORPUS CHRISTI</u> State <u>TEXAS</u> ZIP Code + 4 <u>78419</u>	7.a. Nature of Interest, Transaction, or Income. <u>NONE</u> 7.b. Amount. <u>NONE</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

42176

Name of Person Filing <u>James W. LIFER</u> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>NONE</u> Street _____ City _____ State _____ ZIP Code + 4 _____	File Number U- <u>502-012</u> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <u>NONE</u> <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., If any <u>NONE</u> Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; margin-top: 5px; text-align: center; vertical-align: middle; font-size: 2em;">NONE</div>
	11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px; text-align: center; vertical-align: middle; font-size: 2em;">NONE</div>
	12.b. Amount. _____

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>NONE</u> Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin-top: 5px; text-align: center; vertical-align: middle; font-size: 2em;">NONE</div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <u>NONE</u>